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To: U.S. Patent and Trademark Office
Group Art Unit 2633

Attention: Examiner Kinfe Michael Negash

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Telephone No.: _____

From: Christian R. Andersen

Date: July 12, 2004

Number of Pages Including Cover: 18

Message: **FORMAL SUBMISSION OF:**

- 1.) Amendment/Reply Transmittal letter;
- 2.) Request for a One Month Extension of Time;
and
- 3.) Amendment

Attorney Docket No.: Bell-5/CIP2

Applicant: Jacob NEEDLE

Serial No.: 09/667,419

Filing Date: September 21, 2000

Title: METHODS AND APPARATUS FOR GENERATING LOCAL OSCILLATION SIGNALS

Examiner: Kinfe Michael Negash

Group Art Unit: 2633

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper (and any accompanying paper(s))
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Christian Andersen

Type or print name of person signing certification



Signature

July 12, 2004

Date

Patent
Attorney's Docket No. Bell-5/CIP2 (00-VE07.114A)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OFFICIAL

In re Patent Application of)
Jacob NEEDLE) Group Art Unit: 2633
Application No.: 09/667,419) Examiner: Kinfe Michael Negash
Filed: September 21, 2000)
For: METHODS AND APPARATUS)
FOR GENERATING LOCAL)
OSCILLATION SIGNALS)

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AMENDMENT/REPLY TRANSMITTAL LETTER

MAIL STOP AMENDMENT
Commissioner For Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- ☒ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and a check for ☐ \$55.00 ☐ \$110.00 to cover the requisite Government fee are also enclosed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$385.00 ☐ \$770.00 fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted _____, on _____, for which continued examination is requested.
- ☐ A request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) is also enclosed.

Amendment/Reply Transmittal Letter
 Application Serial No. 09/667,419
 Attorney's Docket No. Bell-5/CIP2 (00-VE07.114A)
 Page 2

- ☒ No additional claim fee is required.
☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	No. of Claims	Highest No. Of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	37	37	0	x \$18.00 =	00.00
Ind. Claims	6	6	0	x \$ 86.00 =	00.00
If Amendment adds multiple dependent claims, add \$280.00					
Total Amendment Fee					
If Small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					110.00

- ☐ A claim fee in the amount of \$_____ - is enclosed.
☒ Charge \$110.00 to Deposit Account no. 07-2347.

To the extent necessary, a petition for an extension of time under 37 C.F.R. § 1.136 is hereby made. Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account No. 07-2347 and please credit any excess fees to such deposit account.

Amendment/Reply Transmittal Letter
Application Serial No. 09/667,419
Attorney's Docket No. Bell-5/CIP2 (00-VE07.114A)
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The Commissioner is hereby authorized to charge any other appropriate fees that may be required by this paper that are not accounted for above, and to credit any overpayment, to Deposit Account No. 07-2347.

Respectfully submitted,

Date: July 12, 2004

By: 

Joel Wall
Reg. No. 25,648

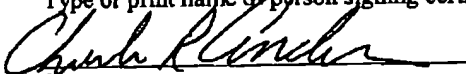
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Christian Andersen

Type or print name of person signing certification


Signature

July 12, 2004

Date